2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 24, 2005 8:00 am Secretary of State

DOCUMENT # P98000003142 1. Entity Name ROMANELLO LANDSCAPING, INC.						02-24-2005	90045 031 ***	150.00
Principal Place 20710 SW 54 SOUTHWEST	Mailing Address 20710 SW 54TH PLAC SOUTHWEST RANCHES	•				5001	8770	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01272005	Chg-P	CR2E034 (10/03		
City & State		City & State			4. FEI Number 18-85248	334		Applied For
Zip	Country	Zip	Coun	try	5. Certificate of		□ \$8.75 At Fee Requir	ditional
	6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New Re	gistered Agent	
BOMANEL EDWICEN			Name FRANCIS N. ROMANELLO					
ROMANEL, FRANCIS N 20710 SW 54TH PLACE				Street Address (P.O. Box Number is Not Acceptable)				
SOUTHWE	EST RANCHES, FL 333332	20710		SW 54	TH PLACE	E		
TE CHANGE				20710 SW 54TH PLACE CITY SOUTH WEST RANCHES FL 33332.				
8. The above	named entity submits this statement	the purpose of changing its	s registere	ed office or registe	red agent, or both,	in the State of Flor	ida. I am familiar with	n, and accept
the obligations of registered agent. SIGNATURE Signature, typed or prefited graph of April 2 agent and tife if applicable. (NOTE: Registered Agent signature required when reinstating) OATE								
FILE NOWI!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees								
After Ma	ay 1, 2005 Fee will be \$550	.00 Trust Fund Con	tribution.		led to Fees			
After Ma	ay 1, 2005 Fee will be \$550 OFFICERS AN	.00 Trust Fund Con	tribution.	Add	led to Fees	HANGES TO OFFIC	CERS AND DIRECTO	
After Ma	OFFICERS ANI	.00 Trust Fund Con	11.	Add	led to Fees	HANGES TO OFFIC	CERS AND DIRECTO	
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Interest certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemed a light point is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of Justice Empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an appears in Block 10 or Block 11 if

SIGNATURE:

KIMBELLY S. RIMANELLO
ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954)680-8686